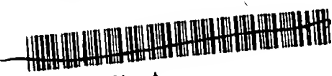




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Bib Data Sheet

SERIAL NUMBER 09/751,382	FILING OR 371(c) DATE 12/29/2000	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 33734-8004US1
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APPLICANTS

Jon M. Bishay, Woodinville, WA;
Paul C. Leonard, Woodinville, WA;
Jay M. Miazga, Seattle, WA;

**** CONTINUING DATA *******

This application is a CIP of 09/452,477 12/01/1999 and is a CIP of 09/666,931 09/21/2000 PAT 6,529,776

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/16/2001

Foreign Priority claimed ☐ yes ☐ no
35 USC 119 (a-d) conditions ☐ yes ☐ no ☐ Met after
met Allowance
Verified and Acknowledged
Examiner's Signature _____ Initials _____

STATE OR COUNTRY
WA

SHEETS DRAWING
17

TOTAL CLAIMS
130

INDEPENDENT CLAIMS
13

ADDRESS

BLANK, ROME, LLP
600 New Hampshire Avenue, N.W.
Washington, DC 20037

TITLE

Apparatus and method for coupling therapeutic and/or monitoring equipment to a patient

FILING FEE RECEIVED
1852

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

☐ All Fees

☐ 1.16 Fees (Filing)

☐ 1.17 Fees (Processing Ext. of time)

☐ 1.18 Fees (Issue)

☐ Other _____

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Bib Data Sheet

CONFIRMATION NO. 7

SERIAL NUMBER 09/751,382	FILING DATE 12/29/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET 33734-8004
APPLICANTS Jon M. Bishay, Woodinville, WA; Paul C. Leonard, Woodinville, WA; Jay M. Miazga, Seattle, WA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/452,477 12/01/1999 AND A CIP OF 09/666,931 09/21/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/16/2001		** SMALL ENTITY **		
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY WA	SHEETS DRAWING 17	TOTAL CLAIMS 130
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 13		
ADDRESS 25096				
TITLE Apparatus and method for coupling therapeutic and/or monitoring equipment to a patient				
FILING FEE RECEIVED 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	